

**FLEET VEHICLE INSPECTION REPORT**

AE-9 REV. 1-2002



STATE OF CONNECTICUT  
**DEPARTMENT OF MOTOR VEHICLES**  
FLEET EMISSIONS INSPECTION PROGRAM  
On The Web At <http://dmvct.org>

**INSTRUCTIONS:**

1. Complete this form in duplicate for each vehicle tested.
2. Maintain both copies in your file as a permanent record subject to inspection by the Department of Motor Vehicles.

|   |   |                                    |                                     |                 |                                  |
|---|---|------------------------------------|-------------------------------------|-----------------|----------------------------------|
| CHECK ONE<br><input type="checkbox"/> <b>INSPECTION</b> <input type="checkbox"/> <b>RE-INSPECTION</b> |   | NEW FLEET EMISSIONS STICKER NUMBER |                                     | INSPECTION DATE |                                  |
| <b>VEHICLE INFORMATION</b>  | CLASS CODE  | SUB. CODE                          | REGISTRATION PLATE NUMBER           |                 | YEAR                             |
|   | MAKE  |                                    | MODEL                               |                 | GROSS VEHICLE WEIGHT             |
|   | ODOMETER READING  |                                    | VEHICLE IDENTIFICATION NUMBER       |                 |                                  |
|   | NAME OF REGISTERED OWNER  |                                    |                                     |                 |                                  |
|   | ADDRESS OF REGISTERED OWNER   |                                    |                                     |                 |                                  |
| <b>FLEET INFORMATION</b>  | FLEET LICENSE NUMBER  |                                    |                                     |                 |                                  |
|   | FLEET NAME AND LOCATION   |                                    |                                     |                 |                                  |
|   | LICENSED LOCATION   |                                    |                                     |                 |                                  |
|   | ANALYZER SERIAL NUMBER  |                                    | DATE OF MOST RECENT GAS CALIBRATION |                 | SHOP TEMPERATURE AT TIME OF TEST |
| <b>EMISSION STANDARDS FOR THIS MAKE, MODEL, YEAR</b>  | <b>HC (PPM)</b>   |                                    |                                     | <b>CO (%)</b>   |                                  |
|   | TEST READINGS   |                                    |                                     |                 |                                  |
| <b>INSPECTION RESULT</b>  | <input type="checkbox"/> <b>PASS</b> <input type="checkbox"/> <b>FAIL</b> |                                    |                                     |                 |                                  |

**REPAIR DATA MUST BE COMPLETED TO QUALIFY FOR RE-INSPECTION**

| INDICATE IF ITEM WAS CHECKED OR SERVICED  | CHECKED (X) | SERVICED (X) |
|---|-------------|--------------|
| Check idle speed, set to manufacturer's specifications.                             |             |              |
| Check and adjust idle airfuel mixture, using manufacturer's recommended procedures. |             |              |
| Check for vacuum leaks (readjust idle mixture and speed after repair).              |             |              |
| Check choke for proper operation - repair if necessary.                             |             |              |
| Check PCV valve - replace as necessary.   |             |              |
| Check air filter - replace if required.   |             |              |
| Set dwell (if applicable) and ignition timing to manufacturer's specifications.     |             |              |
| Check air pollution control devices.  |             |              |

OTHER (specify):

|   |   |                           |
|---|---|---------------------------|
| <b>REPAIR COSTS</b>                       | <b>PARTS \$</b>   | <b>LABOR \$</b>           |
| <b>WAIVER REQUIREMENTS</b>                | Vehicles that fail twice and require more than \$450.00 in repairs may be eligible for a waiver. Waivers are issued only at CTVIP emission inspection stations by Department of Motor Vehicles Field Representatives. |                           |
| NAME OF TESTER (Please print)             |   | NEXT SCHEDULED INSPECTION |
| AUTHORIZED SIGNATURE (Tester)<br><b>X</b> |   | DATE SIGNED               |